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Sheet 1 of 1

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
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		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
SW	AM	0 080 862	6/8/83	EP	—	—	<input type="checkbox"/>	<input type="checkbox"/>
↓	AN	1 025 841	8/9/00	EP	—	—	<input type="checkbox"/>	<input type="checkbox"/>
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SW	AP	03/063820	8/7/03	WO	—	—	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

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EXAMINER /Sikarl Witherspoon/ DATE CONSIDERED 07/24/2006

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